

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

American Federation of Organizations for the Hard of Hearing to Meet in San Francisco

The Thirteenth Annual Conference of the American Federation of Organizations for the Hard of Hearing will be held in San Francisco June 20-23, 1932. There are 20 leagues for the hard of hearing in California. While all of these leagues are composed of adult members, their activities and interest in the prevention of deafness in children constitute an important part of their work.

The National Convention will bring many individuals who are exceptionally qualified to speak upon deafness and its prevention. Dr. Wendell C. Phillips of New York City is the founder and honorary president of the federation. Dr. Austin A. Hayden of Chicago, treasurer of the American Medical Association, is president of the federation. Among prominent physicians who are connected with the federation are Dr. Harold Hayes of New York City, Dr. Gordon Berry of Worcester, Mass., and Dr. Horace Newhart of Minneapolis. A luncheon to attending physicians will be given on the opening day of the convention. Dr. Cullen F. Welty of San Francisco is chairman of this meeting. Among the features on the program are a paper entitled "Normalizing Voice and Speech," introducing speak-o-phone records of children's voices. Mrs. Gene Watson will present this subject, which will be discussed by Mrs. Mabel Farrington Gifford, chief of the Bureau of Correction of Speech Defects, California State Department of Education.

Tuesday, June 21, will be devoted to the subject

of social work. Dr. Olga L. Bridgman, professor of psychology at the University of California, will speak upon the need of mental hygiene in the social worker's job. Miss Blanche Van Devier, special assistant supervisor of lip reading in the San Francisco public schools, will talk upon "The Job of Being a Mother to a Hard-of-Hearing Child." Mrs. Marion W. Leale, president of the Women's City Club, San Francisco, will talk of "Volunteers in Social Work."

A scientific session will be held on Wednesday, June 22. Dr. Austin A. Hayden, president of the federation, will talk upon "Willing Ears." His paper will be discussed by Dr. Harold A. Fletcher and Dr. Robert C. Martin of San Francisco. Dr. Isaac H. Jones of Los Angeles will give a paper entitled "Hearing Aids." "Research in Deafness" is the subject of a paper by Dr. Moritz Weber of the Hooper Foundation for Medical Research. His paper will be discussed by Dr. Karl F. Meyer, director of the Hooper Foundation, and Dr. Hermann Becks, assistant professor of dental pathology in the Hooper Foundation for Medical Research. Miss Coralie N. Kenfield of San Francisco is chairman of the Teachers' Council of the Federation, which will hold its session Wednesday afternoon, June 22. Elwood A. Stevenson, chief of the bureau for the Deaf and Hard of Hearing of the State Department of Education and principal of the California School for the Deaf, will lead the discussion of the afternoon. Lilla

B. McKenzie, instructor of speech in the San Francisco State Teachers College and instructor in the Extension Division of the University of California, will talk upon the subject of "Speech and the Hard-of-Hearing Child."

These are but some of the highlights in the program which is rich in interest to social workers, public health nurses, health officers, and individuals who may be interested in problems related to the prevention of deafness in children.

Miss Agnes Stowell of Berkeley is chairman of the program committee and Mrs. Theodore Poindexter of San Francisco is chairman of the committee on Arrangements. Among Californians who serve on the program committee are George E. Coleman of Santa Barbara, who has done a great deal of research into deafness, Mrs. Mary Rogers Miller of Los Angeles, and Dr. George H. Willcutt of San Rafael. Dr. William J. Mellinger of Santa Barbara will preside at the closing banquet of the conference on June 23.

Among the members of the local advisory board for this conference are:

Hon. Angelo Rossi, mayor of San Francisco.

Dr. Karl F. Meyer, director Hooper Foundation for Medical Research, University of California.

Dr. Wm. L. Ophüls, dean, Stanford University, School of Medicine.

Dr. J. C. Geiger, director, San Francisco Health Department.

Dr. Wm. P. Shepard, Metropolitan Life Insurance Co. and San Francisco Community Chest.

Dr. Howard Naffziger, President, San Francisco County Medical Society.

Dr. Edward F. Glazer, chairman, Medical Advisory Committee, Northern California Group Chapter, American Hospital Social Workers.

Mrs. Wm. Palmer Lucas, American Association of University Women.

Dr. K. L. Schaupp, chairman, San Francisco Health Council of the Community Chest.

Mrs. Annie Little Barry, president, California Federation of Women's Clubs.

Miss Elsie Krafft, Rosenberg Fund and San Francisco Community Chest.

Joseph Marr Gwinn, superintendent of schools, San Francisco.

Prof. Leon Richardson, director, University of California Extension Division.

Elwood A. Stevenson, chief, State Bureau of the Deaf.

Medicine is as old as the human race, as old as the necessity for the removal of diseases.—Heinrich Haeser.

SCARLET FEVER MORE PREVALENT

In many communities of California, more cases of scarlet fever are being reported than have been reported during the past two years. Health officers who publish monthly mimeographed bulletins have commented on the increased prevalence of the disease in their respective communities. The disease is generally of a mild type, but occasionally a severe form of the disease is encountered. Even with mild cases the after effects may be serious, if not disastrous. It is highly important that adequate care be given to each case and it is of equal importance that all cases of the disease be discovered and placed under control in order that the spread of the disease may be checked. The mere fact that the disease is of a mild form often hinders progress in the control of scarlet fever.

Dr. James E. Pendergrass, Health Officer of Fresno County, has given a good example of the difficulty that the health officer encounters in controlling the disease in its mild form. In the early part of May, a young woman high school student was taken ill and remained at home four days. She had not seen a physician and returned to school. A few days later her sister was taken ill. The nurse called at the home, but the condition of the patient did not warrant a diagnosis of scarlet fever, as she was then in the quiescent stage, and the nurse was informed that the family physician had not diagnosed the disease as scarlet fever. It was determined later, however, that the first case in the family was taken to the physician but the second was not seen by any physician. The nurse discovered later that several pupils of the school were absent and the county health department was asked to assist in the investigation which followed. Five families were visited in one district and scarlet fever was found in all of them. A total of 14 cases was traced as contacts with the original two cases which prompted the investigation. After these cases had been found and quarantined, no new cases developed and the threatened epidemic was ended. Dr. Pendergrass points out that if the first two cases had been reported and examined when first taken ill, many cases would have been prevented. He states that there is no excuse for anyone who may show suspicious signs of an infectious disease not receiving service from the health office, as that department is always ready to answer any call and make a diagnosis without cost to the family.

If we could grapple with the whole child situation for one generation, our public health, our economic efficiency, the moral character, sanity and stability of our people would advance three generations in one.—Herbert Hoover.

THE VALUE IN THE FULL-TIME HEALTH UNIT

Dr. Warren F. Fox, Health Officer of Imperial County, has prepared a most effective outline of the work of the Imperial County Health Department. The outline was prepared for the use of the Grand Jury of Imperial County to aid its members in having a better understanding of the program of the county health department and the work that it performs to prevent disease and protect the public health of the community.

In this report, Dr. Fox gives a comprehensive review of the program in disease prevention and the results accomplished in Imperial County. He recounts the work of each division of the county health department and interprets the results that have been obtained. Imperial County has a large number of serious public health problems, but conspicuous results in their solution have been achieved, although the full-time unit has been operating only since 1930. In commenting on the use of the county health unit, Dr. Fox refers to an appraisal of the value of such a department which is credited to the Chairman of the Jefferson County Citizens' Committee in the State of New York, who said: "Having a county health department in a county is like having one road roller, or any piece of efficient machinery, and using it to its full advantage, allowing for no waste of time and no duplication and overlapping of effort." The point is illustrated by citing the waste of local energy and resources by three closely adjacent towns, each of which has a \$6,000 road roller, used twenty-two days out of the year, instead of one piece of equipment owned by the group, or even a larger group of towns, which would serve adequately the needs of all three units. None of the individual towns and villages can provide adequate facilities for the control of tuberculosis and other communicable diseases. Dr. Fox also refers to remarks made by a speaker from the California Tax Payers Association in discussing the cost of county and local governments. He concluded his address with the recommendation that four improvements for counties are necessary. He enumerated them as:

- (1) Centralized county administration.
- (2) Small policy-determining legislative body.
- (3) Grouping services into a few functioning departments under appointive officers.
- (4) Flexibility to meet the demands of various types of counties.

It would seem that a centralized county health unit would conform to these standards. Since disease has no boundaries and is no respecter of persons, it is logical that where thickly populated areas are closely

grouped together, there should be a pooling of resources in these communities into a centralized cooperative public health unit.

ROYAL SANITARY INSTITUTE IN ENGLAND

The Council of the Royal Sanitary Institute has invited the Director of the California Department of Public Health to appoint representatives to attend the Annual Congress to be held at Brighton from July 9 to 16, 1932. The subjects to be discussed in the Congress pertain to preventive medicine, maternity, child welfare, social hygiene, food, nutrition, industrial hygiene, and sanitary engineering.

It is hoped that there may be interested public health workers in California who will be able to attend this Congress.

CONFERENCE ON MATERNAL CARE IN SAN JOSE

A successful conference on maternal care was held in San Jose May 9, 10 and 11 under the auspices of the Bureau of Child Hygiene of the California Department of Public Health. Nearly 600 individuals attended the conference. Not only were informative talks on maternal care given, but demonstrations of necessary equipment and supplies were also provided. Among those who attended the conference were many prospective mothers. A large number of physicians, nurses and teachers also attended. Representatives of the Parent-Teachers Association, State Teachers College, and the local health departments provided valued assistance in making the conference a success. Mary E. Davis, public health nurse, represented the Bureau of Child Hygiene in this work.

RAT FLEA MAY SPREAD TYPHUS FEVER

Several months ago the announcement was made by the United States Public Health Service that endemic typhus fever, which has been recognized for several years in the United States, had been shown to be transmitted by fleas.

Additional studies indicate that the rat flea is the agent that transmits this condition. This work has been proven by laboratory experiments and by field studies, all of which have been conducted by the Public Health Service. There seems to be ample evidence that endemic typhus fever is spread from rat to rat by the rat flea, and from rat to man by the same agency.

Tell me how a people uses its leisure and I will tell you the quality of its civilization.—Maeterlinck.

ERYTHEMA INFECTIONOSUM

Dr. J. D. Dunshee, City Health Officer of Pasadena, in the June issue of the bulletin issued by the Pasadena Department of Health, calls attention to cases of erythema infectiosum which have occurred in Pasadena. Dr. Dunshee states that an increasing number of cases of this disease has occurred recently. Erythema infectiosum is a mild, contagious disease of childhood, characterized by a maculopapular rose-red rash which is more pronounced on the face, legs and arms. Children between the ages of 4 and 12 are more often affected. The etiology of the disease is unknown. The incubation period is 6 to 14 days without any prodromal symptoms. The lesions are confluent, giving to the face the appearance of a bright red flush with a circumoral pallor. The skin is swollen and hot but there is no itching. The lesions on the face disappear in about four days. The eruption appears on the trunk and limbs on the second day of the disease and it is always more pronounced on the arms and legs. In some cases, the trunk may be almost entirely free of the eruption. Circinate patches continue to appear until the whole arm and leg is covered. This gives a lacework, or reticular, appearance which is striking. The disease clears up in about ten days to three weeks without desquamation or scarring. Complications or sequellae are absent. There is no fever and the blood and urine are normal. There is likely to be confusion with scarlet fever, or measles, but the description as given above should serve to differentiate them without difficulty. At the onset the face may closely resemble scarlet fever, but the other points as outlined will serve to exclude it from the diagnosis.

Erythema infectiosum is not serious, except that it may cause confusion in making a correct diagnosis in one of the more serious diseases. It is very mildly contagious and is not of importance.

MORBIDITY ***Diphtheria.**

60 cases of diphtheria have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 35.

Measles.

264 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: Oakland 14, Contra Costa County 10, Los Angeles 21, Plumas County 10, San Francisco 123.

Scarlet Fever.

141 cases of scarlet fever have been reported. Those

communities reporting 10 or more cases are as follows: Los Angeles County 21, Los Angeles 42.

Whooping Cough.

338 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Oakland 10, Los Angeles County 35, Los Angeles 56, Pasadena 19, San Diego 45, San Francisco 15, Ventura County 15.

Smallpox.

9 cases of smallpox have been reported, as follows: Burbank 2, Los Angeles 5, San Jose 1, Yuba City 1.

Typhoid Fever.

8 cases of typhoid fever have been reported, as follows: Fresno 1, Imperial County 2, Los Angeles 1, San Rafael 1, Riverside County 1, Sacramento County 1, San Francisco 1.

Meningitis (Epidemic).

1 case of epidemic meningitis from Azusa has been reported.

Poliomyelitis.

3 cases of poliomyelitis have been reported, as follows: Dinuba 1, Los Angeles 1, Pasadena 1.

Trichinosis.

1 case of trichinosis from San Luis Obispo has been reported.

Food Poisoning.

4 cases of food poisoning from Orange have been reported.

Undulant Fever.

1 case of undulant fever from Madera has been reported.

Septic Sore Throat.

2 cases of septic sore throat have been reported, as follows: Los Angeles County 1, San Francisco 1.

As there are persons who mend torn garments, so there are physicians who heal the sick, but your duty is far nobler, and one befitting a great man, viz., to keep the people in health.—Translation from *Xenophon*.

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* From reports received on June 6th and 7th for week ending June 4th.